



NDC Detail Attachment

This form is a required attachment for any Alabama Medicaid paper crossover claim using a drug HCPCS code on a Medical Crossover or an Institutional Crossover.

Provider Name: _____

Provider NPI: _____

Recipient Name: _____

Recipient Medicaid Number: _____

[illegible]

Please fill in:

- Line No. – Enter the corresponding line number from the detail on the claim.
- Procedure Code – Enter the corresponding HCPCS procedure code from the detail on the claim.
- NDC – Enter the 11-digit NDC code for the HCPCS procedure code.